Virtual Capacity-building Sessions for Correctional Linkage to Care (CLTC)

Session 3

ta4si
TECHNICAL ASSISTANCE
FOR SERVICE INTEGRATION

JSI RESEARCH & TRAINING INSTITUTE, INC.

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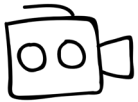
Navigating Zoom

Audio



Video

Chat

Annotate

Breakouts

Technical problems?
Send a message to
Molly Rafferty or email
molly_rafferty@jsi.com

WELCOME!

Introductions

- Your name and pronouns (e.g., she, he, they)
- Your organization
- Your role in CLTC services

Poll Question

Which of the following terms do you use?

Submarine sandwich (sub)

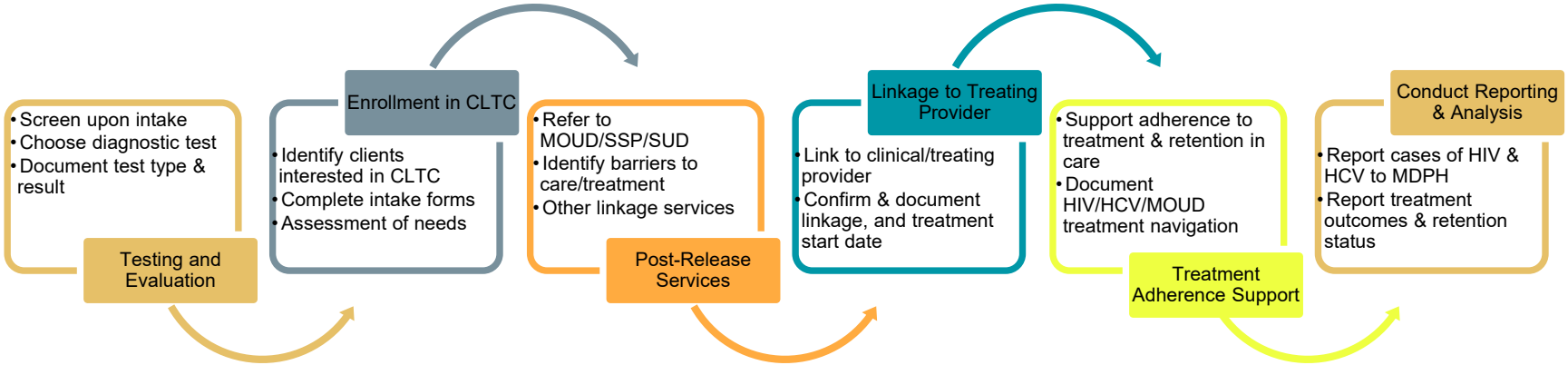
Grinder

Hoagie

Other

No idea what you’re talking about

CLTC Indicators – Components of Service



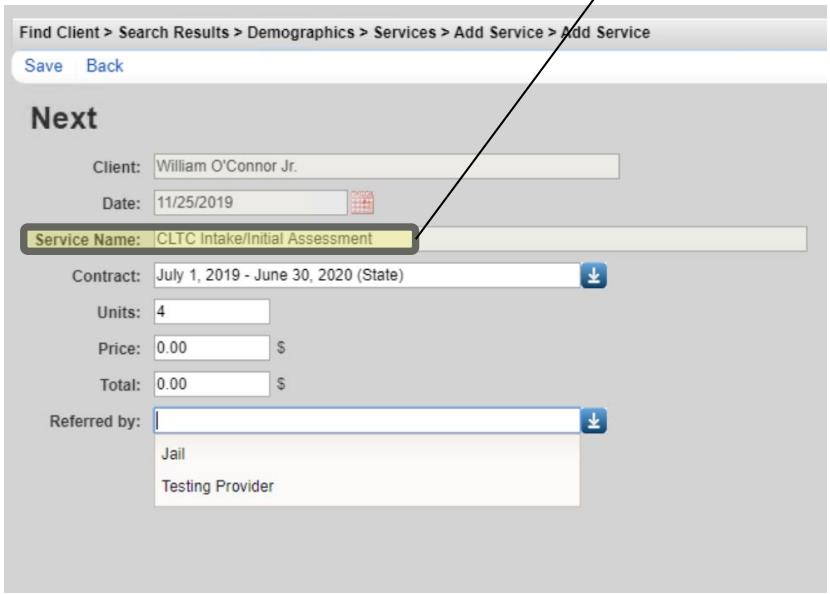
CLTC Indicators – Broad Overview

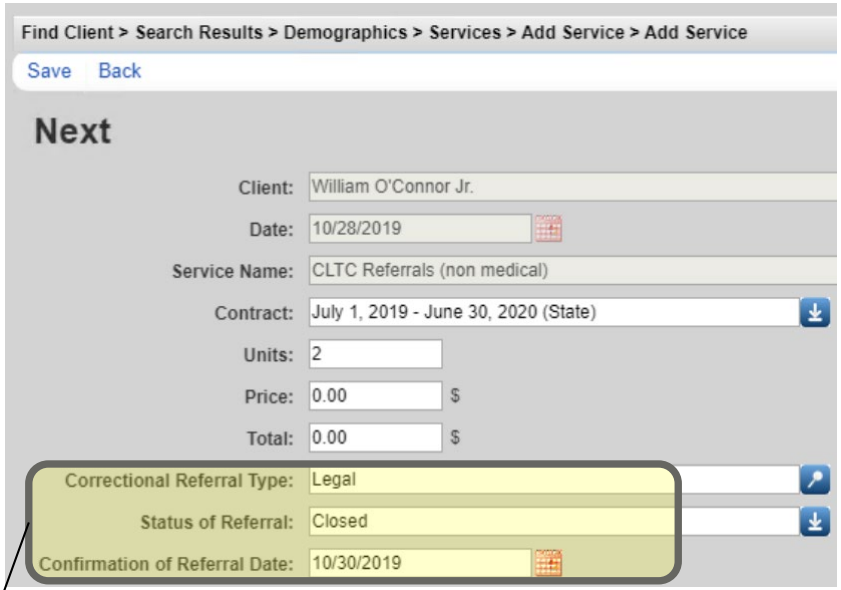
No.	Steps for Testing and Treatment	Process Indicators (Required indicators are in bold)			Outcome Indicators (Care Cascade) (Required indicators are in bold)		
		No.	Indicator	Comment	No.	Indicator	Comment
1	Testing and Evaluation: -Screen upon intake (clients are screened for eligibility by means of confirmed HIV and/or HCV diagnosis) -Choose appropriate diagnostic test -Document test type and result	a.	# HCV-antibody tests conducted	Required	c.	#/% Clients tested for HCV (among all screened)	Required
		b.	# Confirmatory HCV RNA tests conducted	Required	d.	#/% NAT positive clients (among those tested)	Required
					e.	#/% Clients with positive HCV-antibody test and negative HCV RNA result (among those tested)	Required
2	Enrollment in Correctional Linkage to Care (CLTC) Service: -Identify clients who may be interested in CLTC services -Complete intake forms to enroll clients in the service -Perform assessment of needs	a.	# Clients referred to CLTC Stratification by correctional referral type (e.g., out-posted testing staff, HOCV staff, etc.)	Required	c.	#/% Clients enrolled in CTLC	Required
		b.	# CLTC intake forms completed	Required			
3	Post-Release Services -Refer clients to Medication Opiod Use Disorder (MOUD) and/or SSP/OEND/SUD support services -Identify client barriers to care/treatment -Other linkage services (e.g., transportation assistance, housing, benefits advocacy, etc.)	a.	# Clients referred to MOUD/SSP/SUD support services Stratification by referral type	Recommended	b.	# Clients linked to MOUD/SSP/SUD service provider(s) Stratification by linkage type	Required
					c.	# Clients linked to MOUD/SSP/SUD support services within 30 days (*linkage to MOUD should be done within 7 days)	Required
4	Linkage to Medical Care: -Link to clinical/treating provider post-release -Confirm and document linkage to treatment -Document treatment start date	a.	# Clients referred to care through CLTC services	Required	d.	#/% HCV+ who initiate HCV treatment (among all NAT positives)	Required
		b.	# HCV+ Clients who attend initial visit with treating provider, post-release	Required	e.	#/% Clients who initiate HCV treatment within 30 days of release (among all NAT positives)	Required
		c.	# HIV+ Clients who attend initial visit with treating provider, post-release	Required	f.	#/% HIV+ clients linked to medical/treating provider (among all HIV positives)	Required
					g.	#/% Clients linked to HIV medical care within 30 days of release (among all HIV positives)	Required
5	Treatment Adherence Support: -Support adherence to treatment and retention in care -Document HIV & HCV treatment navigation activities	a.	# Vistis with medical/treating provider Stratification by disease type (e.g., HIV or HCV)	Recommended	d.	#/% Clients who have completed treatment (among all NAT positives)	Required
					e.	#/% Clients retained in care (among all NAT positives) Stratification by type of adherence support provided	Required
		b.	# HCV RNA tests of cure conducted Stratification by ordering provider if applicable	Required	f.	#/% Clients who interrupt HCV treatment due to re-encarceration	Recommended
					g.	#/% Clients who are virally suppressed, or in continuous care for 12 or more months ith a CD4 cell count >350 cells/mm^3 or viral load of <200 copies/mL (among all HIV+ cases)	Required
		c.	# Clients who are out-of-care, or have failed to engage in medical care necessary to treat and/or cure disease Stratification by testing facility	Required	h.	#/% Clients retained in care (i.e., with up-to-date viral loads and/or CD4 counts, and 2 or more visits per year with a medical provider for routine HIV medical care)	Required
					i.	#/% Patients with active ART prescriptions (among HIV+ clients who initiated treatment) Stratification by whether adherence support was received or not	Required
6	Conduct Reporting and Analysis -Report cases of HIV & HCV to Massachusetts Department of Public Health (MDPH) -Report treatment outcomes, including date and treatment retention status -Report clients who are out-of-care, or clients who require treatment re-engagement	a.	# HCV cases reported	Required	d.	#/% Cases reported on-time to MDPH	Recommended
		b.	# HIV cases reported	Required			
		c.	# Cases engaged in care (i.e., undergoing treatment, and/or receiving treatment adherence support)	Required			

WHERE SHOULD I REPORT SERVICE COMPONENTS?

CAREWare

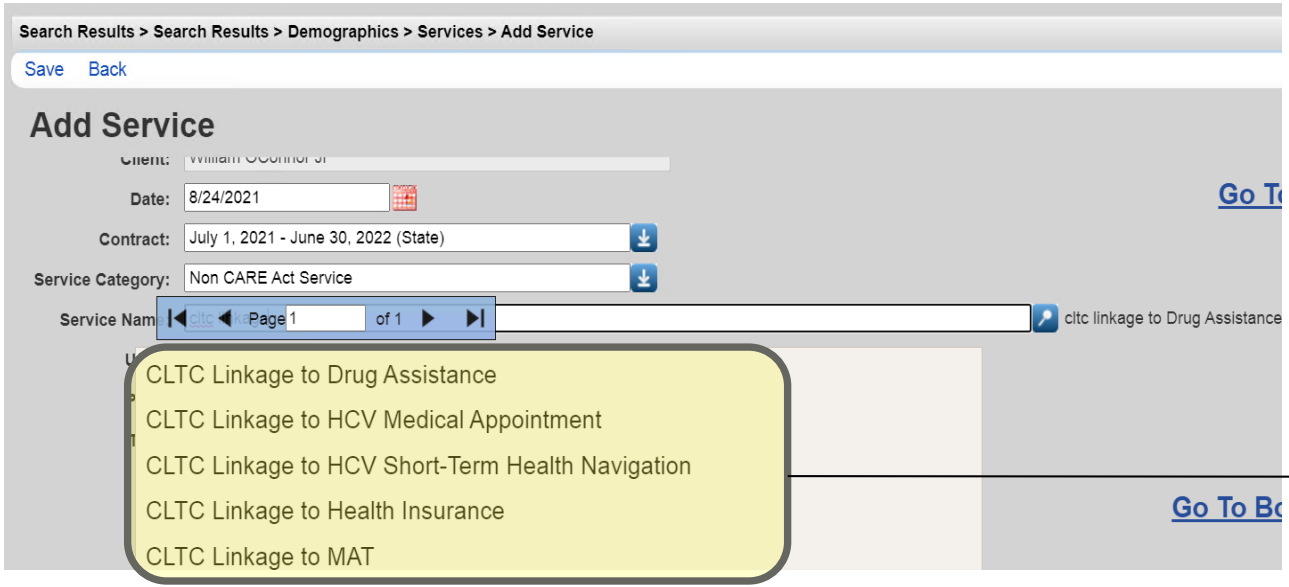
PI 2b: # CLTC intake forms completed





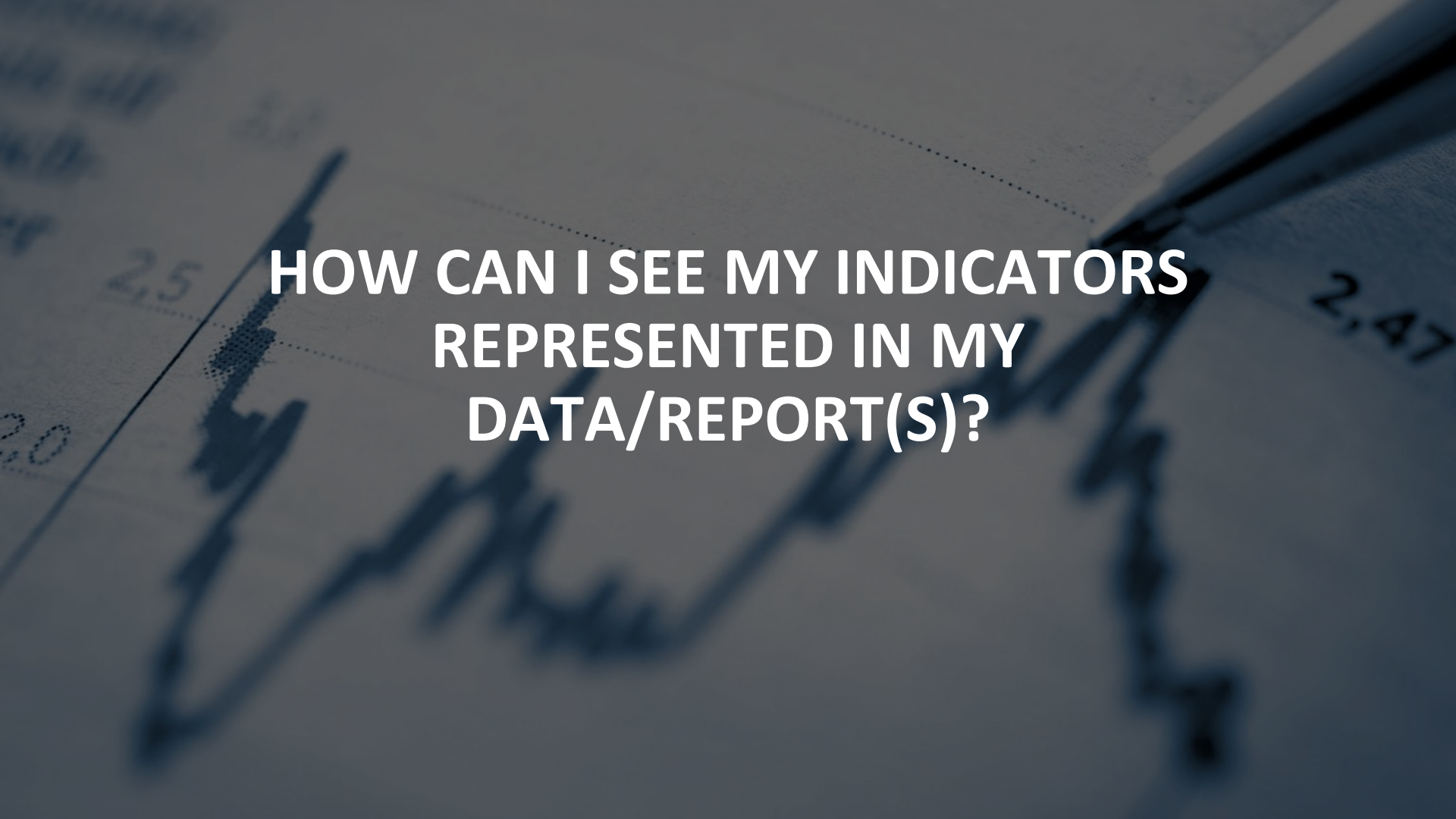
Component 4 (Linkage to Medical Care) PIs & OIs

CAREWare (cont.)



Component 3 OIs:

- OI 3b: # Clients linked to MOUD/SSP/SUD service provider(s)
- OI 3c: # Clients linked to MOUD/SSP/SUD support services within 30 days (*linkage to MOUD should be done within 7 days)



HOW CAN I SEE MY INDICATORS REPRESENTED IN MY DATA/REPORT(S)?

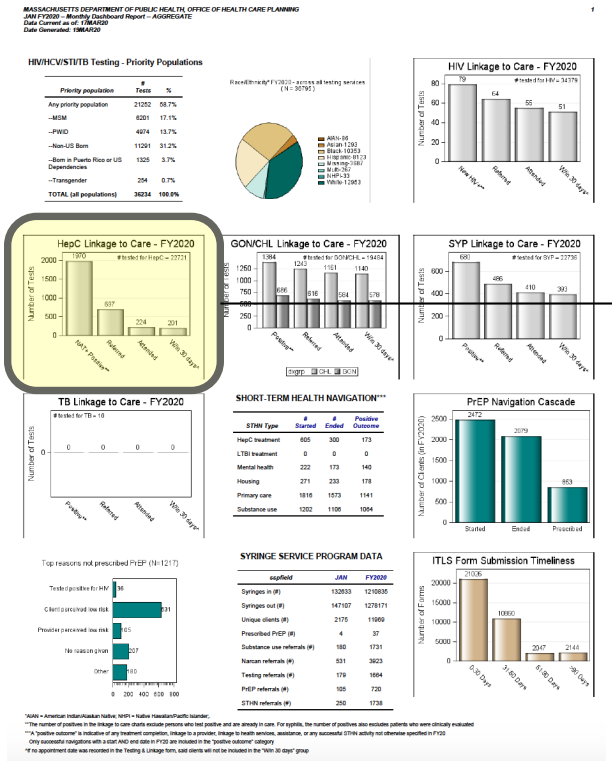
CAREWare Financial Report

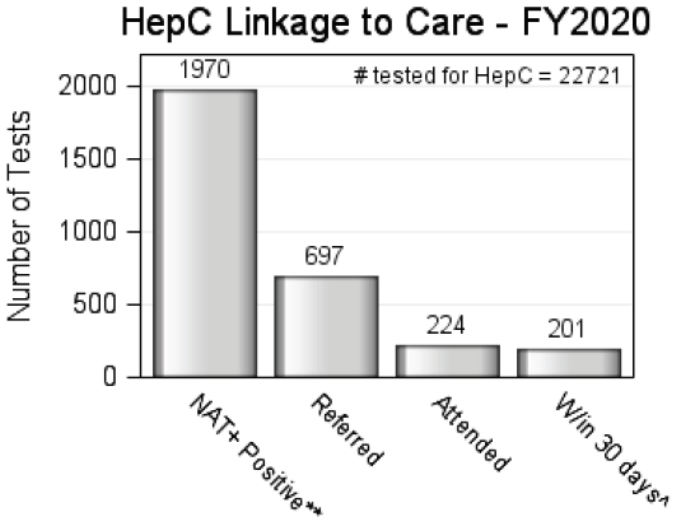
Description	Count
Total Number of Clients	28
Total Number of Newly Enrolled Clients	14

Service Category	Subservice	No of clients	Total Units
Non CARE Act Service	CLTC Client Communication (in-person)	1	4
	CLTC Client Communication (not in-person)	20	84
	CLTC Communication with medical provider	6	14
	CLTC Communication with non-medical provider	6	11
	CLTC Intake/Initial Assessment	14	14
	CLTC Referrals (non medical)	1	2
	CLTC Released from incarceration	2	2

Other Reports

ITLS Dashboard Report





Storing Your Data Internally

- Storing your data internally allows for greater internal awareness of your program's data/activities, ability to perform your own data validation, ability to evaluate your program's data internally and create your own reports
- No "one-size-fits-all" solution
- Suggestions:
  - Secure web applications (e.g., REDCap)
  - Electronic Medical Records (EMR)
  - Relational databases (e.g., SQL, cloud-based relational databases, etc.)
  - Locked Excel file
- Considerations:
  - Accessibility – how often do I (and my colleagues) need to access the data?
  - Data privacy & security – ensuring data can only be accessed by internal staff, HIPAA, etc.
  - User friendliness – who needs to access the data and can they navigate the system?

WHERE CAN I KEEP TRACK OF “RECOMMENDED” INDICATORS?

Recommended Indicators

- You are not required to report on recommended indicators/components
- Keeping track of recommended indicators can provide you with a more holistic picture of your program's success in the CLTC continuum of care
- Recommend documenting these metrics internally
- Data quality benefits
  - E.g., process indicator 3a: # Clients referred to MOUD/SSP/SUD support services
  - Knowing the number of MOUD referrals that your program made can give you a better picture of this component's success when reading the number of clients successfully linked to MOUD services post-release in your reports

Questions & Clarifications

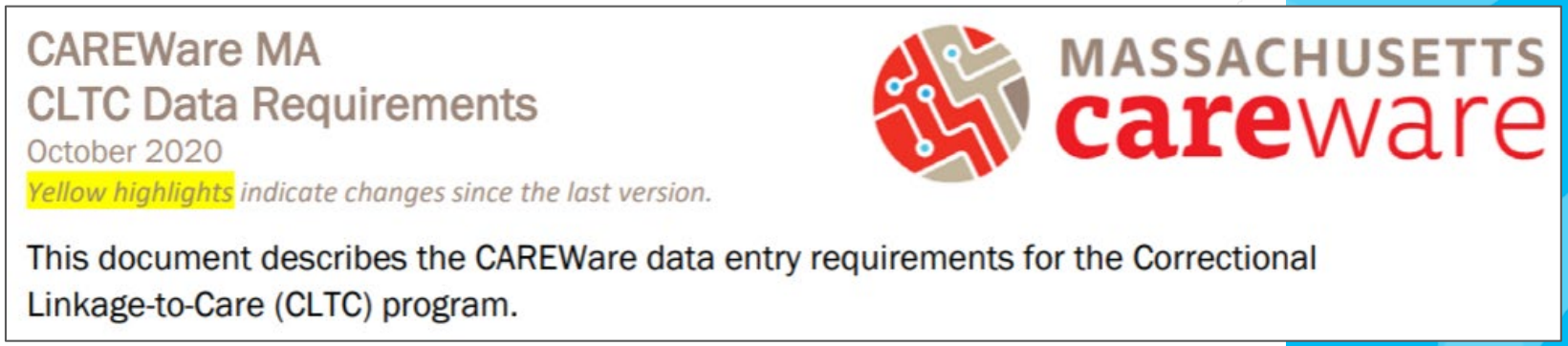
CAREWare Data & Reporting

Agenda

- Refresher: Indicators & data requirements
- Your CLTC data!
- CAREWare reports
- CAREWare MA support and resources

Refresher: CLTC Data Requirements

Resource document posted to carewarema.jsi.com > Services & Definitions


CAREWare MA
CLTC Data Requirements
October 2020
Yellow highlights indicate changes since the last version.

MASSACHUSETTS careware

This document describes the CAREWare data entry requirements for the Correctional Linkage-to-Care (CLTC) program.

Refresher: Subservice Units

- Activities (e.g., assessment, linkage, referrals): enter “1” unit when completed
- Encounters, visits, communication: enter “1” unit for each 15 minute increment

Subservice Definitions

October 2020

Use this document to look up the definitions for the subservices your agency is funded for.

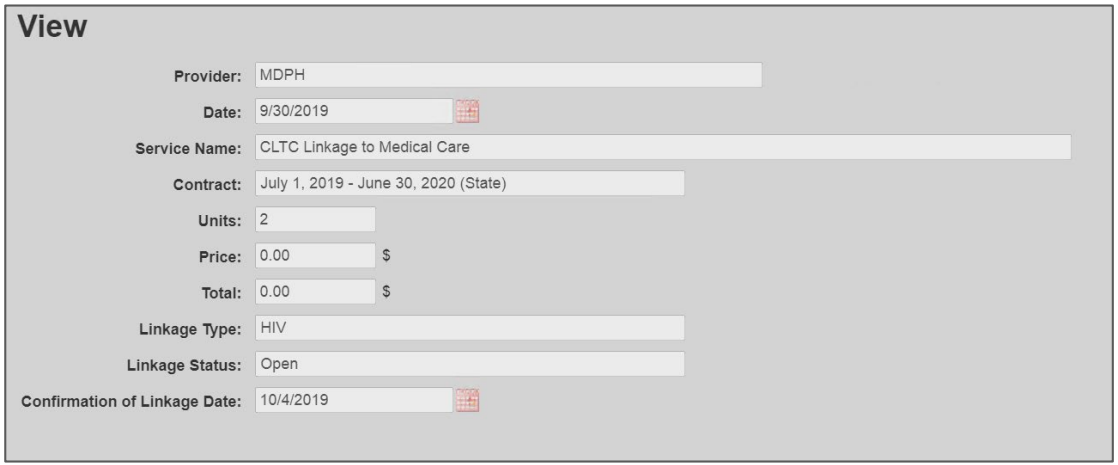
Yellow highlights indicate changes since the last version.

MASSACHUSETTS careware

OHA Subservice	Unit (if applicable)	Subservice Definition
MEDICAL CASE MANAGEMENT		

Refresher: Referrals and Linkages

- Enter the type, status, confirmation of referral/linkage date
- Enter a service for each referral/linkage the client receives

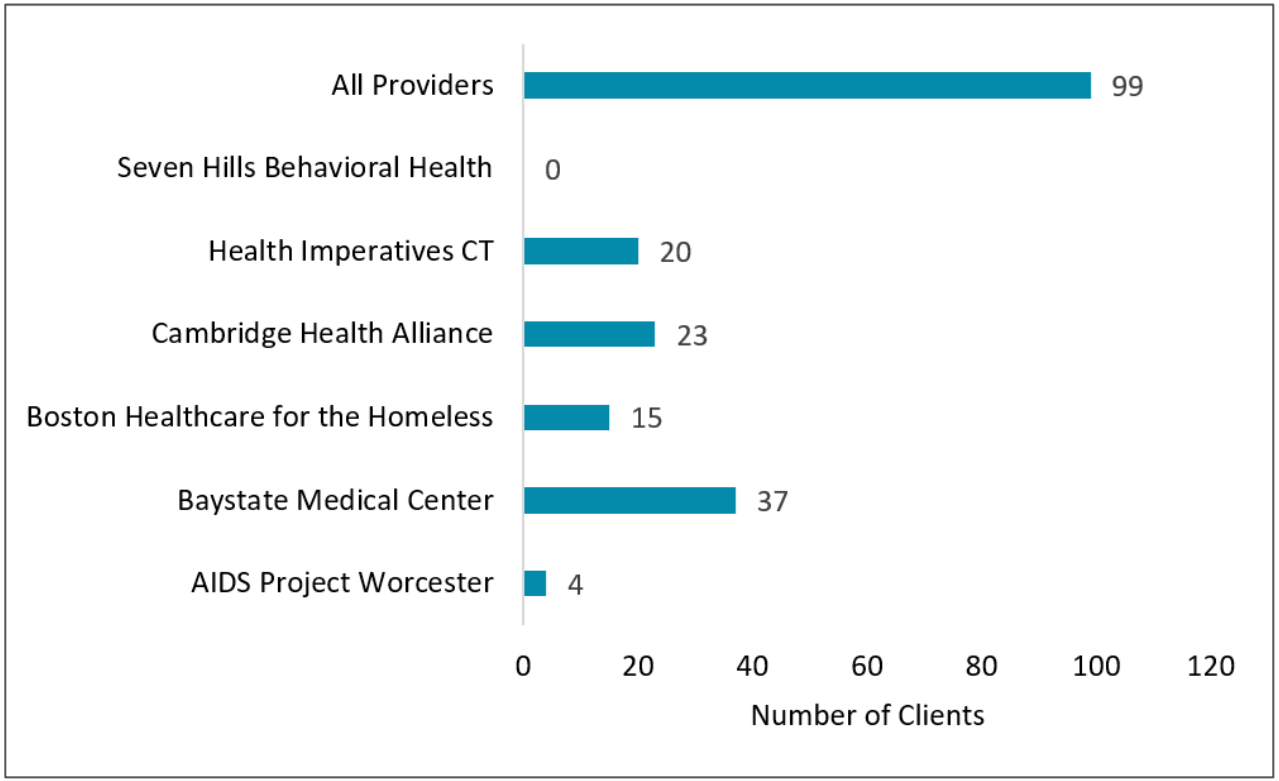


Refresher: Other CLTC Fields

- For intake/initial assessment:
  - Referred by (jail, testing provider)
- Date closed out of CLTC services
- Reason for closing:
  - Deceased
  - Declined further follow-up
  - Linked to care
  - Lost to follow-up

Your CLTC data! July 2020 to June 2021

Indicator: Number of clients enrolled in CLTC



Financial Report:

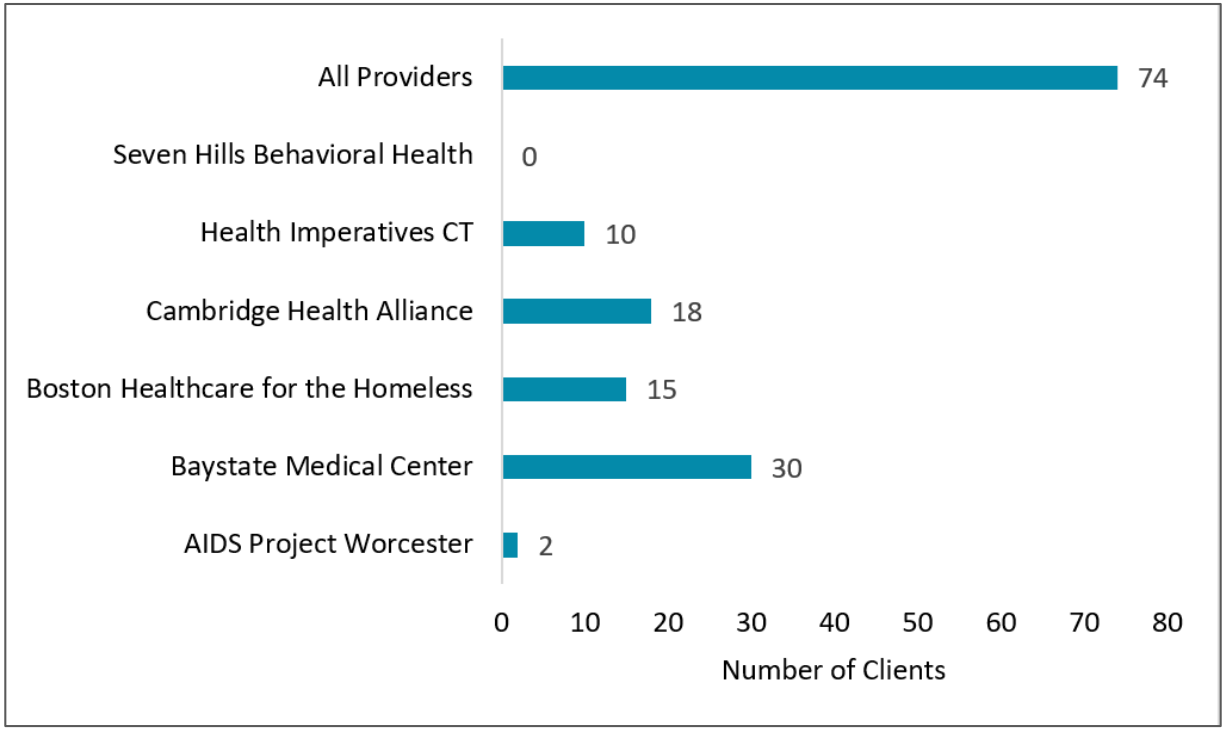
Look at “CLTC Intake/ Initial Assessment”

Your CLTC data! July 2020 to June 2021

Financial Report:

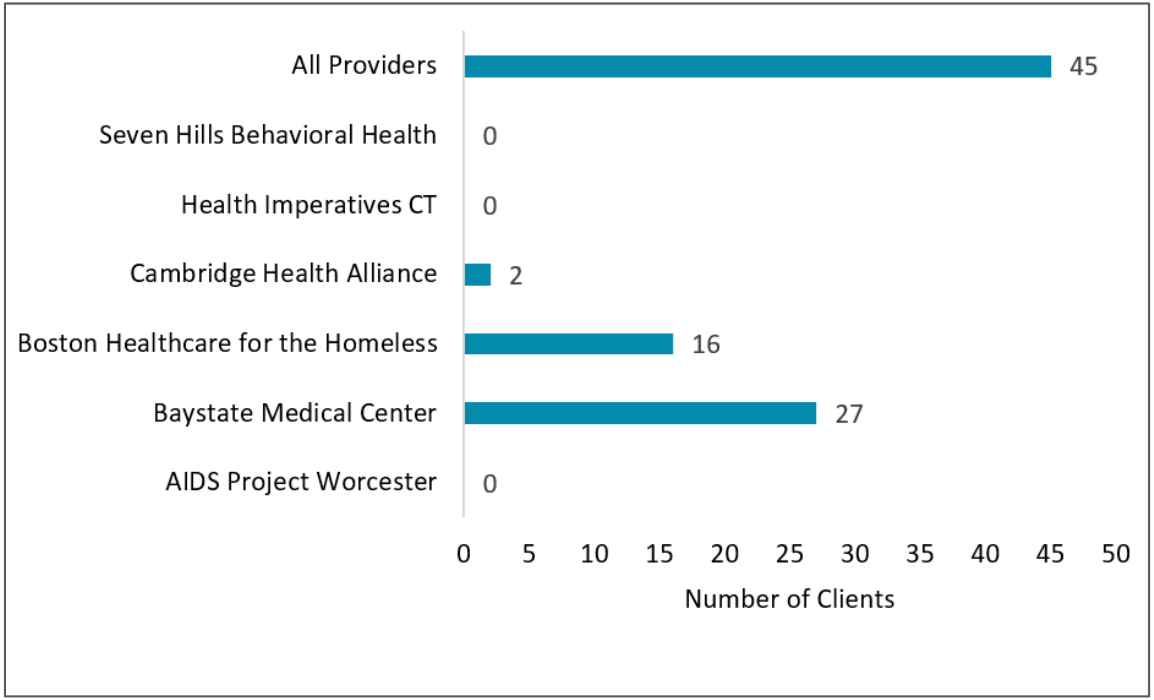
Look at “CLTC Released from incarceration”

Indicator: Number of clients released from incarceration



Your CLTC data! July 2020 to June 2021

Indicator: Number of clients referred to MOUD

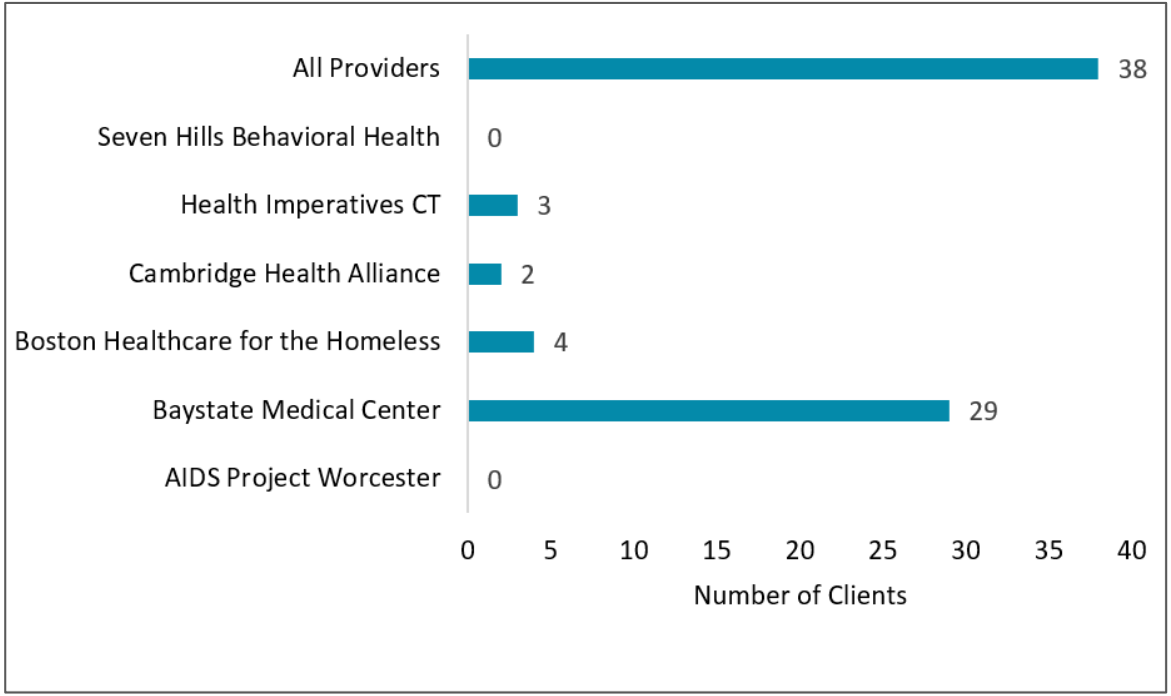


Financial Report:

Look at “Linkage to MAT/MOUD”

Your CLTC data! July 2020 to June 2021

Indicator: Number of clients linked to medical/treating provider



Financial Report:

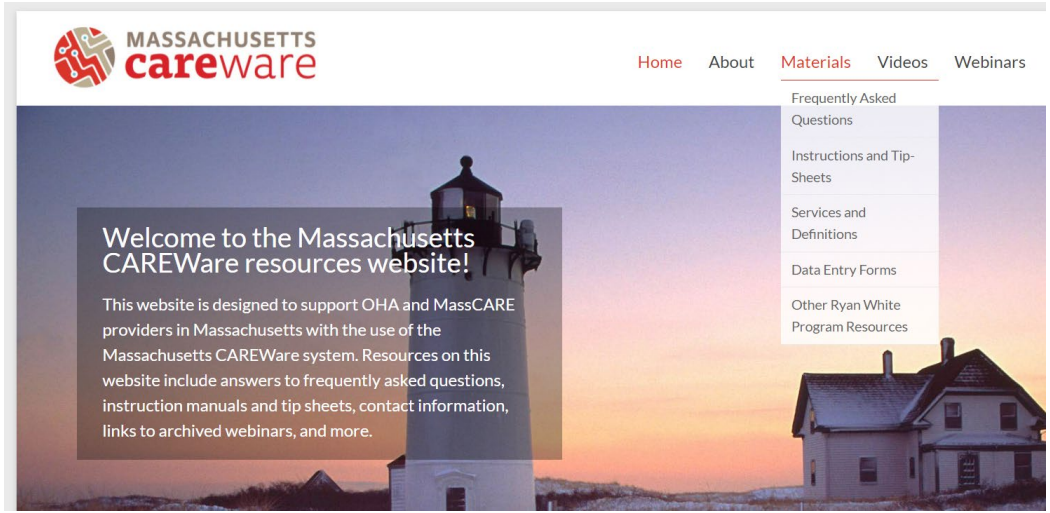
Look at “CLTC Linkage to Medical Care”

CAREWare Reports

- Run the **Financial Report** on a monthly basis to check the CLTC services entered
- Run the **Service Detail** report to see a list of services entered for each client within the time frame
- Run the **Referral (Medical) Completion (Agency)** and **Referral (Non-Medical) Completion (Agency)** reports to make sure confirmation dates are complete

CAREWare MA Support & Resources

- Find resources at http://carewarema.jsi.com/ under "Materials."



CAREWare MA Support & Resources

- Go to www.CAREWareMA.jsi.com
- Email CAREWareMAhelpdesk@jsi.com
- Call 617-385-3991
- Fax 617-482-0617

Welcome Becky Milner!

Poll Questions

Do CLTC staff review the service data entered into CAREWare?

Yes/No/Don't know

Are CAREWare reports shared with CLTC staff?

Yes/No/Don't know

Do you use a spreadsheet or other mechanism to track CLTC services?

Yes/No/Don't know

Questions & Clarifications

BREAK

Interview with Baystate

Last Name	First Name	Intake Date	Release Date	HDAP Faxed	Case Manager	HDAP approved	Health Insurance	Linked to Med Care (30 days post-release)	HCV RNA confirm	PrEP Referral	MAT	SSP/OEND	Linked to Mental Health (60 days post-release)	Support Services	Transition out of CLTC (12 wks post-release)

Question & Answer

Group Discussion

- What additional training do you need for CAREWare?
- What ideas do you have about using your data to inform service delivery?
- What additional training or technical assistance do you need to increase the number of individuals referred and enrolled in CLTC, and linked to medical care and/or SUD/MOUD?

Thank you!

Please Complete the Evaluation!

- Your feedback in the evaluation helps us plan future sessions and address your TA needs.
- Your feedback is appreciated!

Click the eval link in the chat or in the follow-up email you receive in order to complete the evaluation.

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Contact Us

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